WOODLAND VILLAGE 430 MANOR DRIVE

SURING 54174	Phone: (920) 842-2191		Ownership:	Corporation
Operated from 1/1 To 12/3	B1 Days of Operation:	365	Highest Level License:	Skilled
Operate in Conjunction with	n Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and S	Staffed (12/31/03):	60	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity	y (12/31/03):	60	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/3	31/03:	52	Average Daily Census:	57

Services Provided to Non-Residents		Age, Gender, and Primary Di	_				%
Home Health Care Supp. Home Care-Personal Care	Yes No	Primary Diagnosis	8	Age Groups	%	Less Than 1 Year	11.5 51.9
Supp. Home Care-Household Services Day Services	No			Under 65 65 - 74	5.8 5.8	More Than 4 Years	23.1
Respite Care	Yes	Mental Illness (Other)	9.6	75 - 84	40.4	İ	86.5
Adult Day Care Adult Day Health Care	Yes No	Alcohol & Other Drug Abuse Para-, Quadra-, Hemiplegic		85 - 94 95 & Over	40.4 7.7	************************************	
Congregate Meals Home Delivered Meals	No No	Cancer Fractures		 		Nursing Staff per 100 Res: (12/31/03)	
Other Meals	No	Cardiovascular	11.5	65 & Over	94.2	i	
Transportation Referral Service	No No	Cerebrovascular Diabetes		 Gender		•	6.0 11.1
Other Services	No	Respiratory	1.9			Nursing Assistants,	
Provide Day Programming for Mentally Ill	No	Other Medical Conditions		Male Female		Aides, & Orderlies	52.1
Provide Day Programming for						İ	
Developmentally Disabled	No	. * * * * * * * * * * * * * * * * * * *	*****	 * * * * * * * * * * * * * * * * * * *	100.0	 *************	******

Method of Reimbursement

		edicare			Medicaid Sitle 19			Other			Private Pay	:		amily Care			anaged Care	l 		
Level of Care	No.	90	Per Diem (\$)	No.	90	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	00	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	2	100.0	234	36	94.7	110	0	0.0	0	12	100.0	151	0	0.0	0	0	0.0	0	50	96.2
Intermediate				2	5.3	92	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	3.8
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	2	100.0		38	100.0		0	0.0		12	100.0		0	0.0		0	0.0		52	100.0

WOODLAND VILLAGE

Admissions, Discharges, and	- 1	Percent Distribution	n of Residents'	Condit:	ions, Services, an	d Activities as of 12/	31/03
Deaths During Reporting Period							
	- 1				% Needing		Total
Percent Admissions from:	I	Activities of	%	As	sistance of	% Totally	Number of
Private Home/No Home Health	28.1	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	1.9		82.7	15.4	52
Other Nursing Homes	3.1	Dressing	19.2		69.2	11.5	52
Acute Care Hospitals	68.8	Transferring	40.4		50.0	9.6	52
Psych. HospMR/DD Facilities	0.0	Toilet Use	40.4		42.3	17.3	52
Rehabilitation Hospitals	0.0		82.7			7.7	52
Other Locations	0.0	****	******	****	******	******	******
otal Number of Admissions	32	Continence		용	Special Treatmen	ts	용
Percent Discharges To:	1	Indwelling Or Extern	nal Catheter	3.8	Receiving Resp	iratory Care	5.8
Private Home/No Home Health	26.3	Occ/Freq. Incontiner	nt of Bladder	42.3	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	15.8	Occ/Freq. Incontine	nt of Bowel	21.2	Receiving Suct	ioning	0.0
Other Nursing Homes	7.9				Receiving Osto	my Care	0.0
Acute Care Hospitals	10.5	Mobility			Receiving Tube	Feeding	3.8
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	3.8	Receiving Mech	anically Altered Diets	28.8
Rehabilitation Hospitals	0.0				-	-	
	0.0	Skin Care			Other Resident C	haracteristics	
Deaths	39.5 i	With Pressure Sores		13.5	Have Advance D	irectives	76.9
otal Number of Discharges	i	With Rashes		7.7	Medications		
(Including Deaths)	38 i				Receiving Psyc	hoactive Drugs	44.2

Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

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		Owne	ership:	Bed	Size:	Lic	ensure:		
	This	Pro	orietary	50	-99	Ski	lled	Al	1
	Facility	Peer	Group	Peer	Group	Peer Group		Faci	lities
	8	%	Ratio	용	Ratio	ે	Ratio	8	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	95.0	80.8	1.18	83.7	1.13	84.0	1.13	87.4	1.09
Current Residents from In-County	82.7	73.7	1.12	72.8	1.14	76.2	1.09	76.7	1.08
Admissions from In-County, Still Residing	40.6	19.8	2.06	22.7	1.79	22.2	1.83	19.6	2.07
Admissions/Average Daily Census	56.1	137.9	0.41	113.6	0.49	122.3	0.46	141.3	0.40
Discharges/Average Daily Census	66.7	138.0	0.48	115.9	0.58	124.3	0.54	142.5	0.47
Discharges To Private Residence/Average Daily Census	28.1	62.1	0.45	48.0	0.59	53.4	0.53	61.6	0.46
Residents Receiving Skilled Care	96.2	94.4	1.02	94.7	1.02	94.8	1.01	88.1	1.09
Residents Aged 65 and Older	94.2	94.8	0.99	93.1	1.01	93.5	1.01	87.8	1.07
Title 19 (Medicaid) Funded Residents	73.1	72.0	1.01	67.2	1.09	69.5	1.05	65.9	1.11
Private Pay Funded Residents	23.1	17.7	1.31	21.5	1.09	19.4	1.19	21.0	1.10
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Developmentally Disabled Residents	1.9	0.8	2.45	0.7	2.68	0.6	3.04	6.5	0.30
Mentally Ill Residents	44.2	31.0	1.42	39.1	1.13	36.5	1.21	33.6	1.32
General Medical Service Residents	17.3	20.9	0.83	17.2	1.01	18.8	0.92	20.6	0.84
Impaired ADL (Mean)	38.1	45.3	0.84	46.1	0.83	46.9	0.81	49.4	0.77
Psychological Problems	44.2	56.0	0.79	58.7	0.75	58.4	0.76	57.4	0.77
Nursing Care Required (Mean)	7.5	7.2	1.03	6.7	1.11	7.2	1.04	7.3	1.02